

# FOSTER CARE / JUVENILE JUSTICE ACTION SUMMARY

Michigan Department of Human Services

FC / JJ Case #:
FC / JJ Case Name:
DHS FC / JJ Worker Load #:
DHS FC / JJ Worker Name:
PS Case Name:
PS Case #:
Court ID#:
POS Agency Name:
POS Agency Worker Name:

Date Completed:

## I. Type of Action (check as many as apply)

- ☐ 1. Child Replacement  
☐ 2. Caseworker Change  
☐ 3. Foster Care Case Closing

Effective Date:

- ☐ 4. Parent Move  
☐ 5. Termination from Foster Care Placement  
☐ 6. Juvenile Justice Case Closing

## II. Child Information

Name

Sex: ☐ M ☐ F

Funding Source:

DHS Case Number:

Race:

Check if Ethnicity Hispanic / Latino ☐

DOB:

## III. Caseworker Change

Former Caseworker Load #:

New Caseworker Load #:

## IV. Parent or Child Move Summary

Parent Name:

Prior Address:

Supplemental

City:

State: Zip Code:

Former Telephone: ( )

Child Name:

Moved From:

Supplemental

City:

State: Zip Code:

Former Phone: ( )

Foster Home Provider (MPS#):

Primary Provider: (MPS#):

New Address:

Supplemental

City:

State: Zip Code:

New Telephone: ( )

Moved To:

Supplemental

City:

State: Zip Code:

New Phone: ( )

Foster Home Provider (MPS#):

Primary Provider: (MPS#):

**A. Foster Care / Juvenile Justice Continues to be Appropriate for the Following Reason(s)** (check as many as apply):

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Children remain at risk if returned to the parental home. | <input type="checkbox"/> 4. Juvenile Justice Treatment Goals have not been Completed |
| <input type="checkbox"/> 2. No interested relatives for placement.                    |  |
| <input type="checkbox"/> 3. No appropriate relative placements.                       | <input type="checkbox"/> 5. Juvenile Justice Court Order                             |
|   | <input type="checkbox"/> 6. Juvenile Justice Behavior Problems                       |

**B. Reason for Replacement or Termination from Foster Care / Juvenile Justice** (check as many as apply):

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Behavioral Problems               | <input type="checkbox"/> 8. AWOL   |
| <input type="checkbox"/> 2. Emergency or Temp. Placement      | <input type="checkbox"/> 9. Supervisor approved prior to replacement     |
| <input type="checkbox"/> 3. Placement with Relative Caregiver | <input type="checkbox"/> 10. Notice given to provider of intended change |
| <input type="checkbox"/> 4. Residential Placement             | <input type="checkbox"/> Of placement on _____                           |
| <input type="checkbox"/> 5. Return Home                       | Date   |
| <input type="checkbox"/> 6. Problems in Foster Family         | 11. Other (specify): _____   |
| <input type="checkbox"/> 7. Independent Living                | _____  |

Replacement and/or Termination preparation appropriate to the child's capacity to understand has been conducted in the following way:

"Click Here and Type"

If notice not given to provider of intended change within 14 days, explain why not.

"Click Here and Type"

**C. Placement Information**  
**Placement Selection Criteria**

The case plan which includes the goal of permanence.  
The physical, emotional, educational and safety needs of the child(ren).  
Proximity to the child(ren)'s family.  
Placement within relative family network of the child(ren).  
Placement with siblings of the child(ren).  
The child(ren)'s and child(ren)'s family's religious preference.  
The least restrictive, i.e., most family like setting.  
The continuity of relationships.  
Availability of placement resources for the purposes of timely placements.  
Expressed preferences for placement by the foster child.

If any Placement Selection Criteria are not met, explain why not.

"Click Here and Type"

**V. Information related to the care and supervision of the child or termination from Foster Care was shared with:**

- |  |                                       |   |                                    |
|--|---------------------------------------|---|------------------------------------|
| 1. <input type="checkbox"/> Mother on:               | via: <input type="checkbox"/> letter, | <input type="checkbox"/> face to face, or | <input type="checkbox"/> telephone |
| 2. <input type="checkbox"/> Father on:               | via: <input type="checkbox"/> letter, | <input type="checkbox"/> face to face, or | <input type="checkbox"/> telephone |
| 3. <input type="checkbox"/> New Provider on:         | via: <input type="checkbox"/> letter, | <input type="checkbox"/> face to face, or | <input type="checkbox"/> telephone |
| 4. <input type="checkbox"/> DHS/Referring Worker on: | via: <input type="checkbox"/> letter, | <input type="checkbox"/> face to face, or | <input type="checkbox"/> telephone |
| 5. <input type="checkbox"/> Relative Caregiver       | via <input type="checkbox"/> letter,  | <input type="checkbox"/> face to face, or | <input type="checkbox"/> telephone |

**Information shared with new care giver(s) includes** (check as many as apply):

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Assigned Worker                                     | 8. <input type="checkbox"/> Behavior Management                    |
| 2. <input type="checkbox"/> Reason(s) Child Removed                             | 9. <input type="checkbox"/> Visitation Expectations                |
| 3. <input type="checkbox"/> Case Plan   | 10. <input type="checkbox"/> Consent to Treatment Card             |
| 4. <input type="checkbox"/> Description of Behavioral Characteristics and Needs | 11. <input type="checkbox"/> School Enrollment Form                |
| 5. <input type="checkbox"/> Medical/Dental/Psychological Needs and/or Files     | 12. <input type="checkbox"/> Abuse/Neglect History                 |
| 6. <input type="checkbox"/> Interactions with Parents/Siblings                  | 13. <input type="checkbox"/> Offense History                       |
| 7. <input type="checkbox"/> School Records                                      | 14. <input type="checkbox"/> Relative Caregiver Pamphlet (Pub 457) |

**Information given to youth at case closing due to Independent Living:**

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Birth Certificate    | 3. <input type="checkbox"/> Medical Passport            |
| 2. <input type="checkbox"/> Social security Card | 4. <input type="checkbox"/> Aftercare Services Pamphlet |

**VI. For Termination From Foster Care or Closing:**  
(Complete A. and B. for Case Closing Summary Only)

**A. Report Period Covered:**

**B. Social Work Contacts Since Last USP:**

"Click Here and Type"

**1. Reason for Closure (if applicable):**

"Click Here and Type"

**2. Summarize services that were provided during care:**

"Click Here and Type"

**3. Summarize services currently being provided:**

"Click Here and Type"

**4. List services and needs still to be met and provisions for follow up services, if any:**

"Click Here and Type"

**5. Was medical information given to parents or next placement:** ☐ Yes ☐ No

**6. Was termination or closure explained to all parties:** ☐ Yes ☐ No

**7. If termination is unplanned, summarize the reasons and circumstances surrounding the termination.**

"Click Here and Type"

**Foster Care Worker Signature:**

**Date:**

**Supervisor Signature:**

**Date:**

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AUTHORITY: P.A. 280 of 1939.  
RESPONSE: Voluntary.  
PENALTY: None